

**Becket Systems**  
**An Independent Review Organization**  
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***Notice of Independent Review Decision***  
***Review Outcome***

***Description of the service or services in dispute:***

X

***Description of the qualifications for each physician or other health care provider who reviewed the decision:***

X

***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

X

***Information Provided to the IRO for Review***

X

***Patient Clinical History (Summary)***

X is a X who was injured on X when X. X stated X was X. X, X took a X, and then X. The diagnosis was X.

X was evaluated by X, MD on X for the complaint of X. X stated the X. On examination, X and X was X on the X. X were X in the X. X was X on the X. There was X noted in the X. The assessment was X. Per ODG, X was requested. Criteria for X were X. X was to be continued. X at the X, on the X, X was recommended. X was evaluated by X, MD on X for the chief complaint of X. X stated the X into the X. The X of the X was X for X. X was able to X. X was able to X able to X. X at the time was X. X at the X was X. X was X. X stated X was X. X had a X. X stated X. There were X since the last visit. X had been denied. Examination was X. The

assessment was X. Dr. X recommended an appeal to IRO. X advised Dr. X to evaluate.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, X, MD denied the request for X as not medically necessary. Rationale: "Official disability guidelines recommend X for the treatment of X when there is documented evidence of subjective and objective clinical findings to corroborate X confirmed by X, after X to treat with X. The claimant presented with X. There is a request is for X. However, there is no clear documentation with evidence of X with the X. Moreover, there was a lack of documentation with evidence of X conservative treatment including X or X. As such, this request is not medically necessary. Recommend non-certification."

Per a reconsideration review adverse determination letter dated X, X, MD denied the appeal request for X. Rationale: "The Official Disability Guidelines state that X is not routinely recommended unless there is evidence of X. A X should require documentation of the previous X produced X and X. A X is better supported with documentation of X requirement after the previous procedure. In the clinical record submitted for review, there was documentation that on X, the claimant had X. The claimant reported being able to X. However, there was a lack of documentation of X. There was documentation of X; however, there was a lack of documentation that the X. Therefore, the request for X is non-certified."

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The request for X were reviewed. In the clinical record submitted for review, there was documentation that on X, the claimant had X after the procedure. The claimant reported being able to X. As the claimant has X, in my opinion, the request for X is supported as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation
- Policies and Guidelines European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)